

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORMSEND COMPLETED
2005 FORMS TO:Waste and Underground Storage Tank Management Bureau
Hazardous Waste Section
P.O. Box 200901
Helena, MT 59620-0901

Date Received

1. Reason for Submittal (See instruction on Page 9)MARK ALL
BOX(ES) THAT
APPLY**Reason for Submittal:**

- ☐ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)
- ☒ As a component of the Hazardous Waste Report

*Please make corrections in space provided and fill in ALL Blank Areas***2. Site EPA ID Number (page 10)**

EPA ID Number:

3. Site Name (page 10)

Name:

4. Site Location Information (page 10)

Street Address:

City, Town, or Village:

State: **MONTANA**

Zip:

County:

5. Site Land Type (page 10)

Site Land Type:

- ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

6. North American Industry Classification (NAICS) Code(s) for the Site (page 10)

A.

B.

C.

D.

7. Site Mailing Address (page 11)

Street or P.O. Box:

City, Town, or Village:

State:

Zip:

Country:

8. Site Contact Person (page 11)

First Name:

MI:

Last Name:

Phone Number:

Extension:

Email Address:

9. Operator and Legal Owner of the Site (pages 11 and 12)

A. Name of Site's Operator:

Date Became Operator:

(mm/dd/yyyy)

Operator Type:

- ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

Date Became Owner:

(mm/dd/yyyy)

Name of Site's Legal Business Name

Owner Type:

- ☐ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

Legal Owner Street or P.O. Box:

City, Town, or Village:

State:

Zip:

Country:

EPA ID NO:

10.	Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 1 to 16.)																									
A. Hazardous Waste Activities Complete all parts for 1 through 6.																										
Y <input type="checkbox"/> N <input type="checkbox"/>	1. Generator of Hazardous Waste If "Yes" choose only one of the following – a, b or c. <input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or <input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste In addition, indicate other generator activities. <input type="checkbox"/> d. United States Importer of Hazardous Waste <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator	Y <input type="checkbox"/> N <input type="checkbox"/>	2. Transporter of Hazardous Waste Y <input type="checkbox"/> N <input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) <i>Note: A hazardous waste permit is required for this activity.</i> Y <input type="checkbox"/> N <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site) Y <input type="checkbox"/> N <input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies. <input type="checkbox"/> a. Small Quantity On-site Burner Exemption <input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption Y <input type="checkbox"/> N <input type="checkbox"/> 6. Underground Injection Control																							
B. Universal Waste Activities																										
Y <input type="checkbox"/> N <input type="checkbox"/>	1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine that is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes" mark all boxes that apply:		C. Used Oil Activities Mark all boxes that apply.																							
	<table border="0" style="width: 100%;"> <tr> <td></td> <td style="text-align: center;"><u>Generate</u></td> <td style="text-align: center;"><u>Accumulate</u></td> </tr> <tr> <td>a. Batteries</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Pesticides</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Thermostats</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. Lamps</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. Other (specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>f. Other (specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>g. Other (specify)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<u>Generate</u>	<u>Accumulate</u>	a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>	e. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	f. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/> 1. Used Oil Transporter If "Yes" mark each that applies. <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility Y <input type="checkbox"/> N <input type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "Yes" mark each that applies. <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner Y <input type="checkbox"/> N <input type="checkbox"/> 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer If "Yes" mark each that applies. <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
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g. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/> Y <input type="checkbox"/> N	2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.																									

THIS SECTION IS FOR DEPT OF ENVIRONMENTAL QUALITY REFERENCE ONLY – PLEASE COMPLETE REST OF SITE ID FORM									
Generator:		Transporter:		Facility:		Reviewer:			
UWG		UWH				Status:		One Time:	
UOG		UOH							
Annual Report Required for Year 2005								HSU	

EPA ID NO:

11. Description of Hazardous Wastes (See instructions on page 17).							
A.	Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.						
B.	Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.						
	DO NOT Complete this section. Montana does not have State-Regulated Hazardous Waste Codes.						
12. Comments (See instructions on page 17).							
13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 17)							
Signature of operator, owner, or an authorized representative				Name and Official Title (Please Type or Print)		Date Signed (mm/dd/yyyy)	